

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HEALTH AND HUMAN SERVICE AGENCY

Division/Unit: Adult Mental Health Services - Systems of Care

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	96	X	\$18.04	=	\$1,731.84
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Types of work performed by GENERAL VOLUNTEERS in this category:

Provides Older Adult Coordinator with program and administrative support
(participated in OA council meetings, takes minutes, conducts research, and assists
with the development and implementation of the Senior Peer Program).

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.		Hours		X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>1</u>	<u>96</u>	<u>\$1,732</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

TOTALS:	1	Total Hours	96	Total Value	\$1,731.84
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 24 X Rate \$39.00 **\$936.00**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours X Rate **\$0.00**

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$936.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$1,731.84

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$936.00

TOTAL PROGRAM BENEFIT:

\$795.84

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6. RECRUITING:

Please describe your recruiting programs:

Contact with SDSU.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Aging summit; Older Adult Mental Health workgroup; Pan Asian senior peer counseling and focus groups.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

To implement senior peer with Asian communities; to provide support to older adult workforce developemnt committee.

9. GENERAL INFORMATION:

Name of person completing report:

A. Viviana Criado

Phone:

619-584-5029

Mail Stop: P531S

E-Mail:

Viviana.Criado@sd

Volunteer Coordinator:

Lori Thibault

Phone:

619-563-2714

Mail Stop: P531J

E-Mail:

Lori.Thibault@sd...

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE

DATE

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6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of Person Completing Report: A. Viviana Criado

Phone Number: 619-584-5029 Mail Stop 531-S

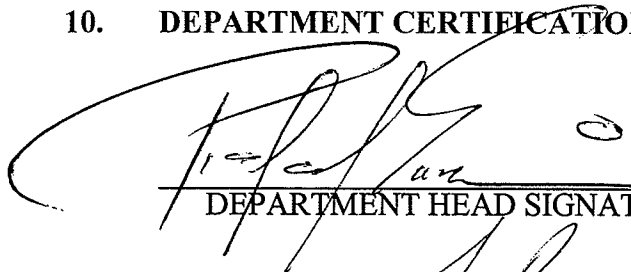
E-Mail viviana.criado@sdcounty.ca.gov

Volunteer Coordinator: Lori Thibault

Phone Number: 619-563-2714 Mail Stop P531J

E-Mail Lori.Thibault@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

DATE 7/19/06

7-19-06

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